

# ALCOHOLISM



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# Introduction:

## Identifying and helping the problem drinker or alcoholic

*(Who might be you, someone you love or someone you work with) An introduction by Walter J. McNerney, President, Blue Cross and Blue Shield Associations*

Alcoholism is an illness and virtually every medical society, government agency and social organization recognizes this fact.

It is unique among illnesses in two respects. It is invariably self-inflicted; and its cure requires both self-diagnosis and self-treatment. No matter how much help is available from outside, the victim must recognize and admit his or her problem and determine to do something about it.

Almost half of the people in this nation occasionally drink alcoholic beverages. A recent survey showed that most had tried it before they were 10 years old. Among high school students, 50 to 85 per cent admit they have tried alcohol in one form or another — most commonly beer or wine. And a drink before dinner, during the evening or on a night out is common practice among two-thirds of all adults.

Are we implying, then, that everyone who drinks is an alcoholic; or might become one? No, we're not. What we are pointing out with this booklet is that if you separate those who drink occasionally, and those who are able to drink regularly with no serious effects, and even those who drink too much now and then, you find that one out of 10 who drink will eventually become an alcoholic.

The simplest definition of an alcoholic is one whose drinking is consistently out of control; he or she has lost the power to choose whether to stop.

There is, of course, a distinction to be made between the problem drinker and the alcoholic, and the distinction is made here. But because the former is likely to be a prelude to the latter, both terms are used in this booklet.

The cost of problems brought about or aggravated by alcohol abuse is substantial. The Third Special Report to Congress on "Alcohol and Health" from the Secretary of Health, Education and Welfare estimates that misuse of alcohol costs the nation more than \$40 billion a year, including \$19 billion in lost production, \$12 billion in health and medical care costs, \$5 billion in motor vehicle accidents and nearly half a billion in fire losses, among others.

More than 200,000 deaths a year are estimated to be alcohol related. The death rate among alcoholic men is 2 to 6 times higher than for the general population. Their life expectancy is usually 10 to 12 years shorter.

Alcohol is related to half of all traffic deaths, a third each of all traffic injuries, suicides and crimes; and more than two-thirds of all drownings.

There is an additional element of tragedy that cannot be measured financially: counselors who work with alcoholics and listen to daily stories of the effects of excessive drinking on family members, employers and society estimate that four other lives are disturbed by an irresponsible drinker's habit.

This booklet explains what happens to the one out of 10 who cannot handle liquor sensibly and responsibly; how to recognize the progressive symptoms of alcoholism in yourself or others; and where to find help.





# Ethyl alcohol:

## a drug

Alcohol is now the nation's number one drug problem, although many people don't think of the active ingredient in a drink as a drug. But the chemical compound called ethyl alcohol, often shortened to ethanol, is only one among many mood-altering drugs, including amphetamines, barbiturates, opiates, tranquilizers, inhalants and others. It is the drug ethanol that snares the most victims.

Its use—and abuse—has become so pervasive that a public opinion poll conducted by Louis Harris and Associates for the National Institute on Alcohol Abuse and Alcoholism showed that "two-thirds of (all adults) know someone who drinks too much."

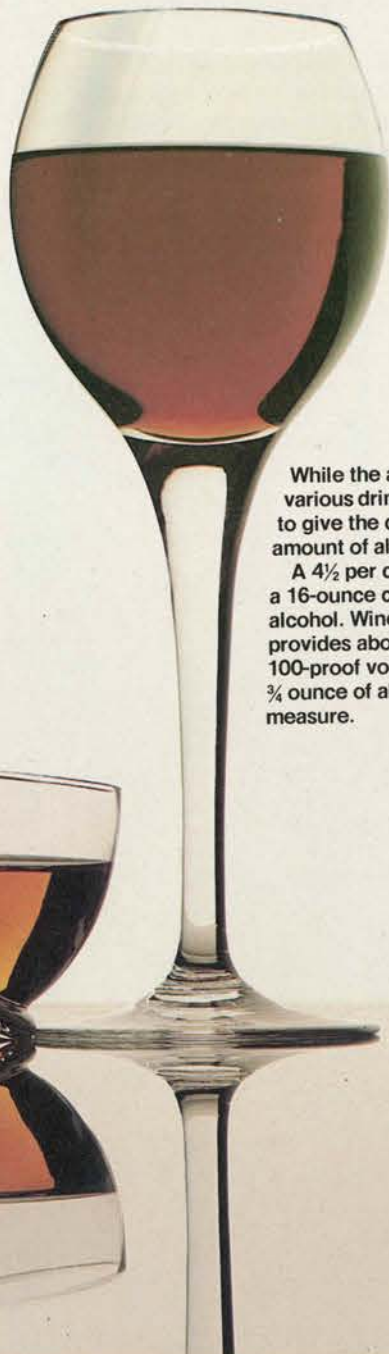
Knowing the alcoholic content of various substances means knowing which drink is strong and which appears weak—and is sometimes mistakenly assumed to be weak.

Beer, for example, is usually about 4½ per cent alcohol. Table wines are about 12 per cent, unless they are fortified. Fortified wines contain 20 per cent alcohol. The alcohol content of liquor is determined by the "proof" printed on the label: the per cent of alcohol is one-half of the proof. "100 Proof" means the contents contain 50 per cent alcohol per ounce; "86 Proof" shows 43 per cent alcohol per ounce.

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It's not what you drink that causes the effect; it is how much alcohol you drink, among other factors. The problem drinker and the alcoholic are both over-users.

With respect to the sensible use of their products, the brewing and distilling industries clearly recognize their responsibilities and have carried out national advertising and educational programs urging the moderate use of alcoholic beverages.

## How alcohol works in the body

Ethanol, present in all liquor, takes effect almost immediately. Unlike food, it doesn't have to be digested. It passes through the wall of the stomach and small intestine directly into the blood where it is carried to the brain.

Small amounts act as a stimulant and give the drinker a sense of well-being and relief

from tension. As larger amounts are consumed, it acts as a depressant. That doesn't mean the drinker's mood becomes depressed or sad, although it might; the depressant effect acts on certain parts of the brain, impairing its ability to control various parts of the body. A wobbly walk and slurred speech are typical symptoms of over-drinking, although alcohol doesn't act directly on the legs or tongue. Instead, it depresses



the part of the brain responsible for walking and talking.

After alcohol circulates through the brain, it is carried to other parts of the body where it has to be broken down into carbon dioxide and water. The liver is responsible for most of that job, although a small per cent is eliminated in the breath, perspiration and urine.

Each half-ounce of alcohol requires about an hour for the body to process. A larger amount—the amount in two typical martinis, for example—gives the liver about six hours work before the effects wear off.

As more drinks are consumed, the effects begin to multiply. The body, not given enough time to process the first drink, stockpiles the additional alcohol in the blood.

It is the build-up of alcohol in the blood that causes a person to undergo progressive behavioral changes leading to drunkenness.

**At 1 to 1,000 parts blood—a level of .10 per cent—walking and talking are affected**

At 1 part alcohol to 2,000 parts blood—a blood/alcohol level of .05 per cent—the drinker feels relaxed and carefree. At 1 to 1,000 parts blood—a level of .10 per cent—walking and talking are affected.

At .20 per cent, the drinker staggers and might want to sleep; or might go on a crying or laughing "jag."

At .25 per cent, the body's immunity system is impaired and white cells in the blood can be reduced as much as those of a patient in severe shock.

At higher levels—.40 to .50 per cent—the drinker is in a coma. Higher concentrations than that affect the lower brain

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where breathing and heart-beat are controlled and the person can die.

In most states, a charge of drunken driving is made when the breath test shows an alcohol level of .08 or .10 per cent. However, using any percentage of alcohol in the blood as a guideline for safe driving is unwise. Many persons become more accident prone at a level of .04 per cent. With others, coordination and judgment are impaired between .05 and .09.

## Differences among drinkers

While the percentage of alcohol in the blood is an average measurement of sobriety or degree of drunkenness, it can be deceptive. Not all people reach the same alcohol level in the same amount of time, and not everyone reacts the same.

Ethanol is a perplexing drug and acts differently on different people; and differently on the same person at different times.

The chronic or heavy drinker, for example, has an unusually high tolerance. It takes increasingly large amounts of alcohol to produce the same euphoria experienced by the moderate drinker after one or two drinks.

Up to a point, the alcoholic (or heavy drinker) seems able to accommodate more and more alcohol until it's not unusual for many alcoholics to consume a fifth of liquor every day without noticeable effect. However, the body's ability to adapt to that much liquor doesn't continue; after enough time, the alcoholic will start to get drunk sooner, and on fewer drinks, than the average person.

The effects of alcohol on the light or moderate drinker also differ from person to person, depending on how much he or she weighs, whether there is food in the stomach, what is mixed with the alcohol and how many drinks are consumed in how much time.

After one hour, a 200-pound person's blood shows an alcohol level only half as high as a 160-pounder although both had one drink, containing the same amount of alcohol, in the same amount of time.

The 100-pound lightweight who joins the party has to be especially careful. After one hour and one drink, this person's blood shows three times more alcohol concentration than the 200-pounder's.

That doesn't mean fat people can safely drink more than thin people. Regardless of weight, as increasing amounts of alcohol enter the blood, the total concentration builds up. It is the total percentage of alcohol in the blood that causes drunkenness. So the heavy person who drinks one after another isn't any more immune from the dangers of a high alcohol level than a featherweight is.

In addition to making a drink last an hour, or limiting the amount of alcohol in each drink, the alcohol level can be controlled other ways. The rate of absorption into the blood will be slowed if there is food in the stomach, espe-

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The type of mixer also affects absorption. When drinks are mixed with water or fruit juice, alcohol absorption slows down. The opposite is true of carbonated mixers, which speed up the process.





# What is an alcoholic?

(And the three typical stages of progression)

It's difficult to say who is an alcoholic. And it is almost impossible to tell by behavior alone. More than one person has been called an alcoholic who isn't. And many people with serious drinking problems—even alcoholism—manage to keep it secret.

There is a difference between a heavy drinker and a problem drinker; and between a problem drinker and an alcoholic.

The *heavy drinker* might consume several drinks every day. But he can stop and often does.

The *problem drinker* might get intoxicated frequently; might hurt himself or someone else while drunk; and often needs a drink to function instead of for enjoyment. But again, the problem drinker can and sometimes does quit. He might resume drinking later, or might not.

The clue to the *alcoholic* is consistent lack of control. Only in extreme cases can the diagnosis be used with certainty because alcoholism is a progressive illness. Its victims become worse by stages. No one becomes alcoholic overnight. It might take from a year to 20 years. Nor does heavy drinking or even problem drinking necessarily indicate that the person ever will progress into alcoholism.

All that can be said is that anyone whose drinking steadily increases has the potential to become alcoholic.

Alcoholics cannot stop. The first drink is never the last. What is not always understood about drinking which has progressed to this stage is that some mechanism seems to take over and demand alcohol.

William D. Silkworth, who wrote "The Doctor's Opinion" in the commonly called "big book" published by Alcoholics Anonymous, called it the "phenomenon of craving" that sets the alcoholic apart from other drinkers. The alcoholic cannot drink without developing the craving which, he wrote, is "beyond mental control."

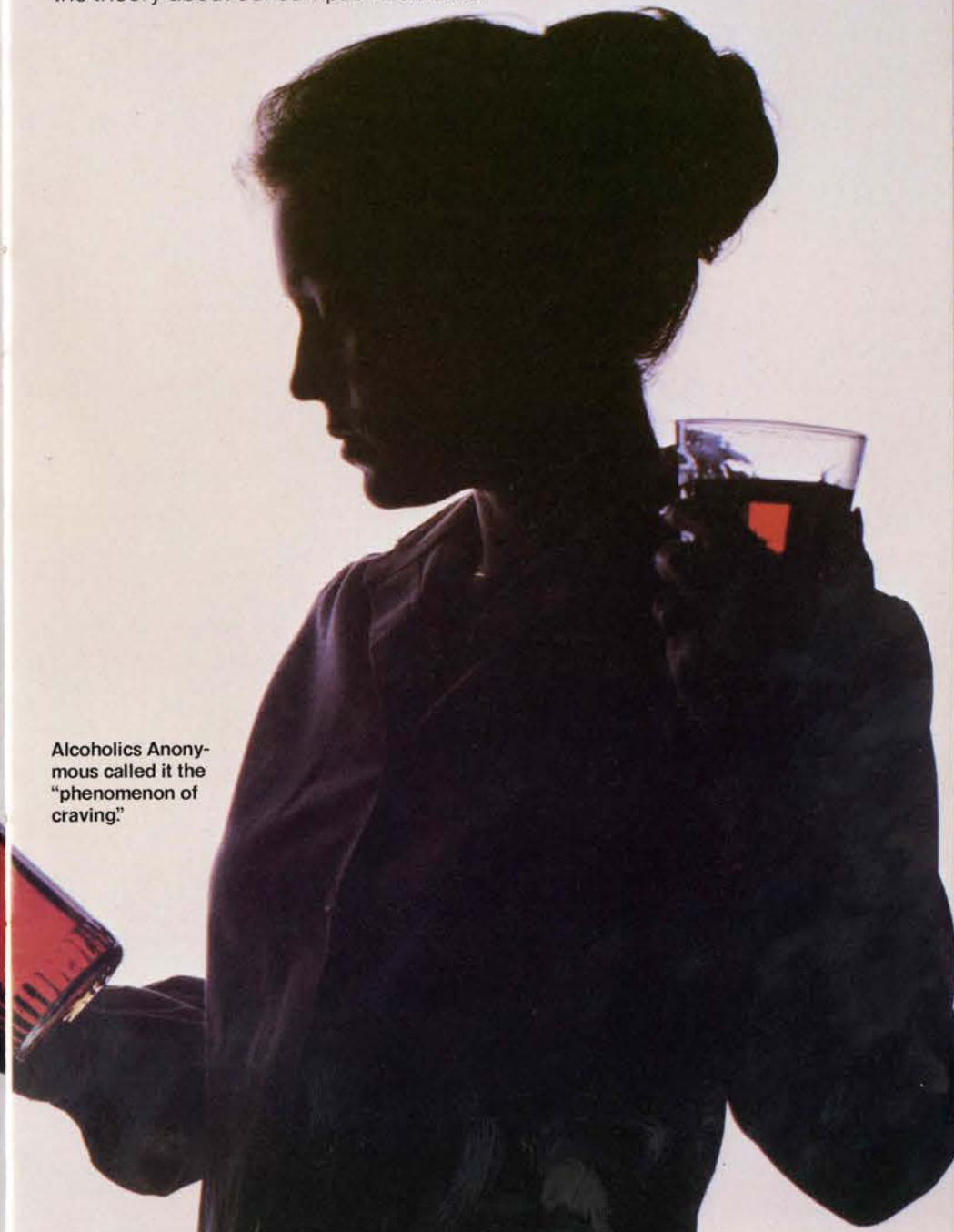
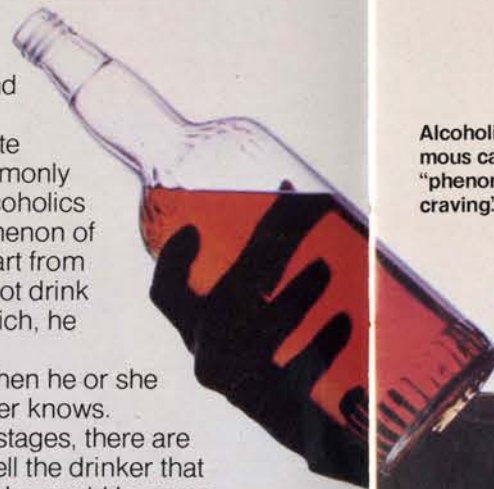
The average drinker knows when he or she is going to stop. The alcoholic never knows.

Since alcoholism develops in stages, there are warning signals along the way to tell the drinker that he or she might be the one in 10 who could become alcoholic.

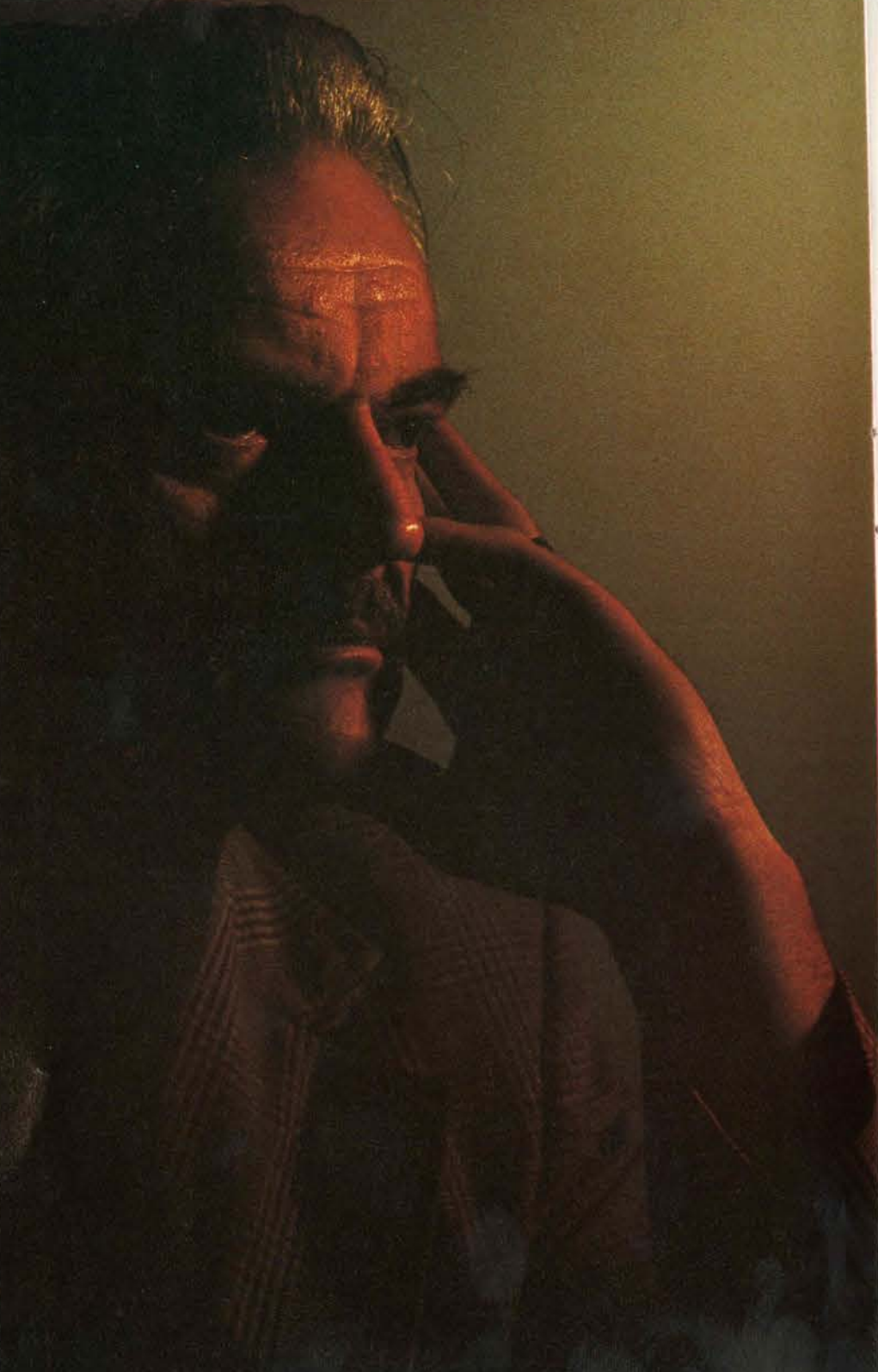
As more and more teenagers have been diagnosed as alcoholics, their age and their drinking patterns have dispelled many of the ideas about how to detect an alcoholic. Years

ago, the amount of liquor consumed was thought to be a clue. But the consumption of nonalcoholic teenagers can sometimes be twice that of the average adult but not progress into illness. And of the alcoholics among teenagers, many consume less than their nonalcoholic companions, upsetting the theory about consumption as a clue.

Alcoholics Anonymous called it the "phenomenon of craving."







# The stages of alcoholism: First stage

*(Keep in mind in reading about the stages that they represent typical behavior. Real life is not quite so neat and clear-cut. A person might*

*have shown only one or two symptoms of stage one, but already be in stage two, for example. And there are varying degrees of conformity within any or all of the stages.)*

One of the first warning signals of potential alcoholism is the blackout when drinking. A blackout isn't unconsciousness; the drinker remains awake and active, but the next day doesn't remember who was there, what was said or what was done.

Another signal is gulping drinks.

Pre-drinking drinking can be a sign. An invitation arrives for a cocktail party. "Might as well have a drink or two before the party," the drinker says, "to get in the mood."

Sneaking drinks is a symptom. The hostess doesn't refill the glasses quickly enough, so the potential alcoholic sneaks into the kitchen and pours another, or hides a refill for later retrieval.

Stockpiling liquor is a clue. The person who makes sure there is another bottle on hand before the first one is finished might have a problem. Stockpiling also happens at a bar when a customer orders a second drink before finishing the first one. The potential alcoholic doesn't like to wait for a refill.

Hiding liquor in the house to camouflage the supply on hand is sometimes a giveaway to potential trouble. When Ray Milland, in the 1945 Oscar-winning movie, "The Lost Weekend," found a bottle he had hidden in a ceiling light fixture, it was viewed as the only funny sequence in the movie and has been parodied in dozens of comedy sketches since. But it was not at all unreal; nor was it funny.

It's been said, in fact, that one reason why there are more invisible alcoholics among women than men is that women know more hiding places around the home.

Nearly all of the clues in the first stage can be summarized by saying that the drinker who might develop a serious problem is the one who must have a drink, and have it fast.

**The drinker who might develop a serious problem is the one who must have a drink, and have it fast.**



## Middle stage

Here, the person is still in control to a limited extent. Although the need to drink is becoming stronger and stronger, there is not yet the complete lack of control associated with the final stage of alcohol abuse.

By now, family and friends are starting to notice. A husband or wife is usually the first to comment, then neighbors start to talk. The situation isn't out of hand yet, and the drinker still manages to go to work or otherwise function. When an employee is finally diagnosed as having a serious drinking problem, in fact, the employer is usually the last to suspect that there has been a damaging abuse of alcohol.

At this stage, denial of the problem begins. The drinker insists he or she can control it and stop any time. He or she might even quit for a time to prove that the situation is still on the safe side.

The abstinence doesn't last, but to avoid others' noticing, and to avoid more criticism, the drinker changes some habits, patronizing several liquor stores instead of a favorite one, for example, to keep checkout clerks from knowing how much is being bought.

Let's follow a typical man on his way to alcoholism.

He changes bars to keep the bartenders from guessing that he might have a problem. He avoids his usual drinking companions and starts drinking with casual acquaintances, different ones every night, so no one can keep tabs on him.

At a party, he is careful to be seen sipping his drink, even refusing a refill. It's safe and won't inconvenience him because he has hidden an extra supply.

His self-esteem starts to slip and grandiose behavior begins. To prove to himself that he's still a great guy, he sets up a round of drinks for everyone at the bar. One alcoholic said that during this stage, he began to patronize a bar in the worst section of town because the only way he could convince himself that he was "worthwhile" was to be around "real bums."

One man might switch what he drinks in a futile attempt to believe that the kind of liquor he uses is the cause of his growing concern, and not the lack of control for which he would have to blame himself.

In this stage, guilt feelings begin; then fear sets in, followed by flashes of remorse and sometimes aggressiveness. He feels sorry for himself; he'd be all right, he tells himself, if only life hadn't treated him so badly.

Since he denies that he has a problem, he won't go to anyone else and talk about it, so he drinks more to overcome his anxiety. The more he becomes afraid, the more he drinks; and the more he drinks, the more scared he is. "I thought I was going crazy," said one alcoholic about this period. "I was





scared out of my mind all the time and didn't know what I was scared of."

The blackouts in this stage get worse, too. Some of them last a week instead of a few hours as in the first stage.

Lillian Roth, the Broadway singer who suffered from alcoholism and overcame it, described the period from stage two through stage three as a cycle of "self-pity to self-hatred to self-destruction."

## Last stage

Daytime drinking is now a habit. The drinker can't function without alcohol and can't function with it. All control is lost; the body takes over and demands alcohol; the craving now controls the drinker.

Malnutrition sets in.

Isolation from others begins. "They" might find out, so the drinker hides. The family avoids social contacts; someone else might see how bad the problem has become.

The person might accidentally set the house on fire or break a bone falling down.

He's headed for probation at work.

He can't sleep, so he gets up for another drink. When there's nothing else left, the alcoholic substitutes something in the house—shaving lotion, cologne, mouthwash, cough syrup or anything that might provide the needed feeling.

He or she can't think clearly. He'll claim—and believe—that the family dog is getting into the liquor, not him.

The fears increase.

There are often vague religious yearnings.

He can't brush his teeth; they hurt too much. So he takes another drink to clean out his mouth.

He shakes uncontrollably. He might go into convulsions. He can hallucinate, and to keep from seeing horrors in the dark, has to keep the lights on. A 19-year-old alcoholic told of her dead relatives' visiting her. "They would sit and stare at me," she said, "and though I'd scream and scream, they wouldn't go away."

The brain starts to deteriorate.

To get away from the problem, the drinker might try suicide.

Unless treated, death is the result.

It is important to note that in the final stages of alcoholism, a person may suffer delirium tremens, or "DTs," as they are commonly called. DTs are completely different from hallucinations which occur in earlier stages of the problem. During hallucinations, the drinker might see or hear "things" and might or might not have the shakes, or trembling.

DTs occur from 24 to 96 hours after withdrawal from alcohol. Sometimes a DTs victim will hallucinate, sometimes not; but he or she will always shake and even go into convulsions.

The DTs are the most severe form of withdrawal suffering and are fatal in one out of every four cases.

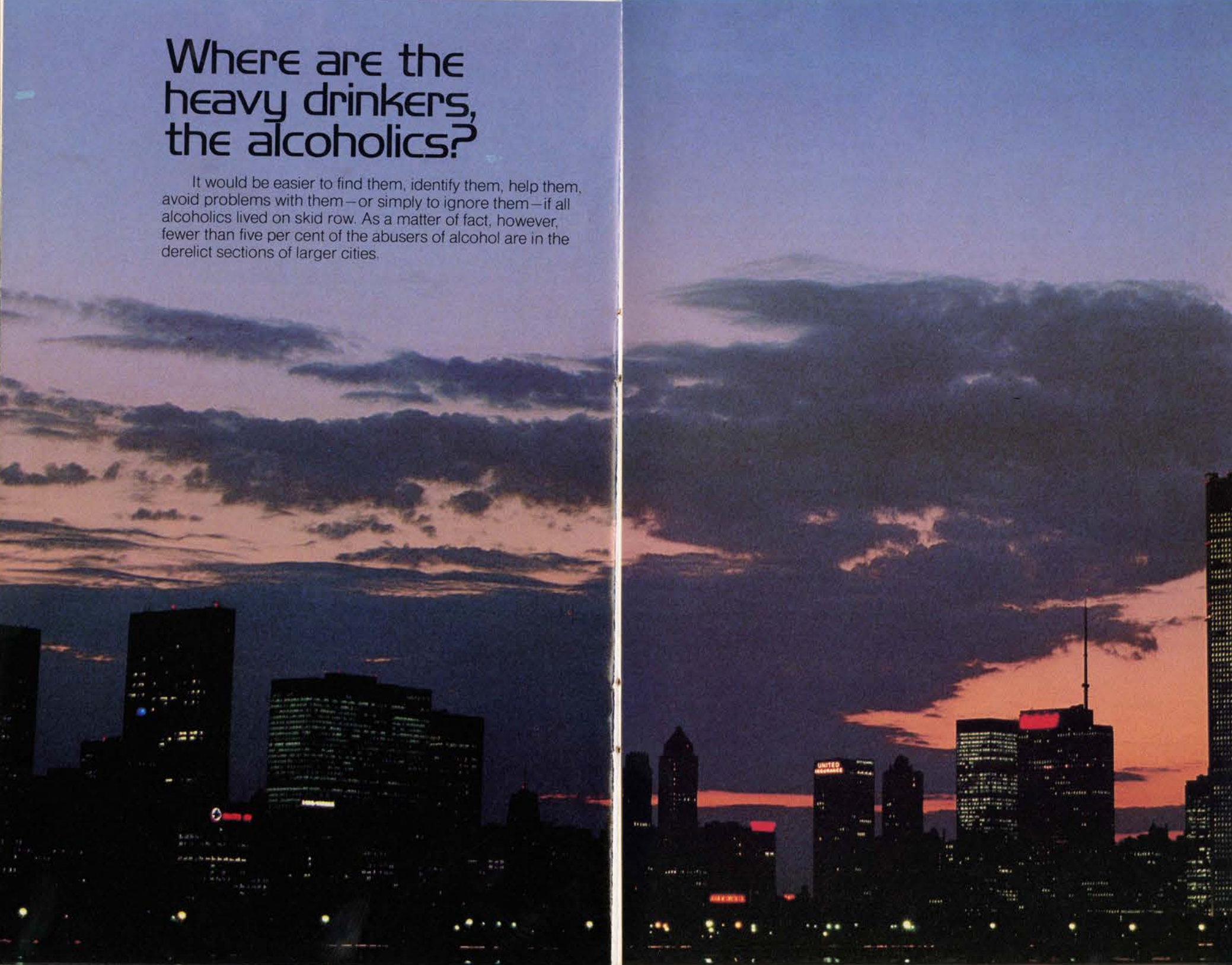
When there's nothing else left, the alcoholic substitutes something in the house—shaving lotion, cologne, mouthwash, cough syrup or anything that might provide the needed feeling.





# Where are the heavy drinkers, the alcoholics?

It would be easier to find them, identify them, help them, avoid problems with them—or simply to ignore them—if all alcoholics lived on skid row. As a matter of fact, however, fewer than five per cent of the abusers of alcohol are in the derelict sections of larger cities.





# Where are the rest of them?

They are minding the store, working at the corporation

office, standing at the assembly line, trying cases in court, teaching classes or taking care of patients. More and more nowadays, they are taking care of the home and rearing the children. They are cramming for school tests, too. And a few, with all of the potential for alcoholism, are still in the womb.

When drinking becomes an illness, it can hit anyone, anywhere. There is no test a person can take when trying his or her first drink to indicate immunity or susceptibility to the illness.

It strikes men, women and youngsters. It has no respect for age, sex, race, religion, national origin, social position, marital status, job achievement or education.

It is unlike any other illness. A person who doesn't smoke can get emphysema from other causes; a person who doesn't overeat, overwork, overworry or overlook any good health habits can develop heart disease.

*What sets alcoholism apart is that the person who never takes a drink can never suffer from alcoholism. Its only cause is ethyl alcohol.*

*One-third of all adults never drink—and those people can never become alcoholic.*

For the rest, it's a gamble they have to take. Of the people who drink—about 96,000,000 of them—one out of 10 becomes alcoholic while the other nine do not, even though some of them might be heavy drinkers.

Where are the alcoholics and heavy-drinking near-alcoholics, if not on skid row?

A few, with all of the potential for alcoholism, are still in the womb.





More than 70 per cent lead average, seemingly ordinary lives in respectable neighborhoods. Four-and-a-half million are employed, roughly 10 per cent of the nation's work

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force, with more executives in the group than

members of their staffs.

Three-and-a-third million are 14 to 17 years old and still

## Three-and-a-third million are 14 to 17 years old and still in school

in school, with the number of girls with drinking problems slowly catching up with the boys. The growth in teenage drinking is cause for serious concerns.

There is an increasing number of alcoholics among women and among the elderly of both sexes. The percentage of women drinkers is not known because they seem to hide the problem more successfully than men. A

## 70 to 90 per cent of all female alcoholics remain "invisible and undiagnosed"

study presented to one state legislature estimated that 70 to 90 per cent of all female alcoholics remain

"invisible and undiagnosed."

Women have been more reluctant than men to seek treatment, although that situation is beginning to change. In the mid-1970s, Alcoholics Anonymous reported a 31 per cent increase in

## 1,500,000 to 2,250,000 women with drinking problems

female membership. Halfway houses and organizations specifically for female problem drinkers are increasing.

The Department of Health, Education and Welfare report mentioned in the introduction showed 1,500,000 to 2,250,000

women with drinking problems, adding that the estimate is "conservative."

Of the women, the majority are divorced or separated. Among married women, the problem drinkers are found more often among those who work than those who stay home.





# Other effects of alcohol

Clearly, alcohol affects the body. But not all of its effects are bad. For years, whiskey has been used as an emergency anesthetic and pain-killer. Many physicians still recommend a glass of wine or diluted drink to some patients for the calming effect alcohol can have in small amounts.

Alcohol becomes dangerous when its use is abused or its reaction with other drugs isn't anticipated.

Alcohol won't mix with barbiturates, tranquilizers, muscle relaxants, sleeping pills or narcotics. Nor should it be taken with antihistamines, motion sickness pills or many other medicines. They are also depressants, acting on the same sections of the brain that alcohol affects. Combining one depressant with another causes an overload on the brain and can be extremely dangerous.

If you're taking medicine of any kind, always ask your physician if it's safe to have a drink.

Alcohol causes other reactions, some temporary, others permanent.

Taste and smell are dulled.

Sensitivity to pain is diminished.

Eyes are affected, requiring more time to adjust to brightness. A drinking driver might not be able to filter out the glare of oncoming headlights and will have to "steer blind" for several hundred extra feet. At the same time, eyes are less sensitive to brilliant colors, such as red. When a traffic light turns red, the drinking driver might need more time than usual for the brain to send the message to put on the brakes.

Over a longer period of time and with heavy drinking, alcohol can cause heart disease, pancreatitis and cirrhosis of the liver. It's responsible for gastrointestinal irritations—nausea, diarrhea, ulcers—and is usually accompanied by various degrees of malnutrition.

As research continues, more detrimental effects of heavy drinking are turning up. Heavy drinkers are found to have more cancer of the throat than non-drinkers; and cancers in other body sites also show a suspicious link to the victim's drinking habits.

Another aftermath of drinking too much—often treated as an object of humor—is the hangover. But the hangover of an occasional unwise drinker differs from the hangover of the alcoholic.

The careless celebrator might have bloodshot eyes, flushed cheeks and a headache. The cure is rest, nutritious food and time for the body to process and get rid of the alcohol. It's only a myth that cold showers, black coffee, gulps of fresh air or another drink will cure a hangover. Such "remedies" make the victim more wide awake. But the effects of alcohol are not eliminated until the body rids itself of every trace of alcohol. That's why airlines forbid their pilots to have any alcohol within 24 hours of a flight.

The alcoholic's hangover is much more than temporary or minor discomfort. His or her teeth and scalp are too sore to touch. There is dangerous dehydration, often accompanied by shakes, convulsions and sometimes hallucinations. Even after staying away from alcohol for 72 hours, the effects can still persist.

Alcohol won't mix with barbiturates, tranquilizers, muscle relaxants, sleeping pills or narcotics. Nor should it be taken with antihistamines, motion sickness pills or many other medicines.





# What causes the illness?

(A question without an answer—yet)

Alcoholism has been recognized as an illness by such organizations as the American Medical Association, the British Medical Association and the National Institute on Alcohol Abuse and Alcoholism.

With that recognition, some of its moral stigma was overcome, but not all of it. Although research has proved to professionals that alcoholism is not caused by moral weakness, prejudice and doubts about the problem still remain with the public. In a recent survey, respondents who agreed that alcoholism "might be" an illness also were sure that alcoholics "could" stop drinking if they just "would."

Prejudice against drinking is particularly difficult for women. Some experts think that one reason women try to hide their alcohol abuse more often than men is that, traditionally, womanhood has been a hallowed role. To drink in excess is to fall from the unrealistic pedestal on which society thought women "ought" to be. The woman with a drinking problem has a double problem: the drinking itself and the knowledge that many people still believe it is worse to be a female alcoholic than a male one.

The diagnosed alcoholic and many who are still in hiding are all sick. It is an illness because the condition can be progressive and it can be terminal, although treatment can be successful in nearly three-fourths of the cases that get help.

Many people believe that once drinking has caused cirrhosis of the liver, there is no hope. That is not true. Even when two-thirds of the liver has been destroyed, cessation of drinking will keep the person alive and functioning. The body can survive with only a third of a liver.

To treat alcoholism successfully, knowing the cause would be valuable—knowing why one person becomes alcoholic and another does not.

Polio was overcome when its cause was discovered. Cancer may someday be wiped out if its apparently many causes can be determined. That is also true of alcoholism. The difference is that the cancer victim is treated with compassion; the alcoholic is too often treated with disgust unless placed in knowledgeable hands.

Questions being asked about the illness show the directions that research into its cause is taking.

*Is alcoholism inherited?* Of all recent studies, a genetic cause has stirred the most interest because nearly every study shows higher rates of alcoholism among relatives of alcoholics than among others. Children of alcoholics become alcoholics more often than children of people without drinking problems. The complication, however, is that children of teetotalers also may become alcoholic.

*Does childhood environment indicate a psychological basis for the illness?* If this is true, how does it happen that of two brothers who grew up with alcoholic parents, one died of alcoholism and the other remained a moderate drinker?

*Is it caused by some vitamin deficiency?* Not necessarily. Any physical imbalance shown during examination seems to be the result of alcoholism, not its cause.

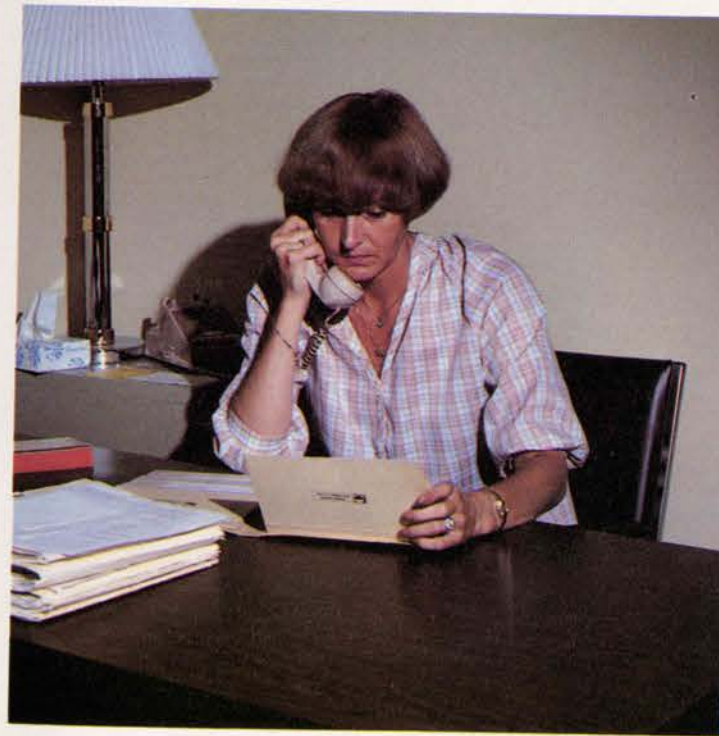
*Is it an allergy?* There is a suspected link, but no proof yet.

*Is there a weakness that makes one person eliminate alcohol in the blood faster than another?* No, because some alcoholics, when drinking most heavily, can still process the alcohol 10 to 20 times faster than the average drinker.

*Is there an attitude toward drinking that develops because of religious upbringing or ethnic custom, or their lack?* Inconclusive is the best answer. Mormons are prohibited from drinking. Jews traditionally consider inebriation taboo. On the other hand, Italians, French and Greenlanders tend to drink heavily. Yet there are alcoholics as well as nonalcoholics in all of those religious and national groups.

*Is there an enzyme imbalance?* No one is sure.

*Is there any single cause of alcoholism, or is it a combination of unknown causes?* This is the most crucial question. Doctors are trying to find out. But to the alcoholic and his or her family, knowing the cause is less important than finding the cure.





# The search for help

The best advice to family members of an alcoholic is to be patient, tolerant and understanding—and get professional help. Help is available even when the alcoholic won't admit the problem, a frustrating but all too common situation.

Most phone books list agencies that can help.

An excellent source of information is the National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857.

The special problems of women alcoholics are understood by Women for Sobriety, PO Box 618, Quakertown, Pennsylvania 18951.

Alcoholics Anonymous, with 13,000 independent groups, is as near as your phone book.

Most physicians and ministers can also offer suggestions. Present day religious education often includes courses for priests, rabbis and ministers in counseling people within their membership about alcoholism.

Some states force treatment of alcoholics by permitting families to commit the patient to a treatment center. Proving alcoholism is not as difficult as it used to be. Medical and psychological tests have been devised to substantiate the advance of the illness.

Some judges give offenders a choice which forces the victim into treatment: either go to jail for a crime committed under the influence, or go to a treatment center. All states





look upon alcoholism as a treatable illness, not a crime.

Some husbands or wives issue an ultimatum to the drinker: stay sober or get out; or I'll leave. Because the drinker's reaction can't be guaranteed, that type of either-or ultimatum seriously restricts the available choices.

Fortunately, there is also help for people who must live with an alcoholic. Al-Anon was founded because families needed more knowledge about the effects of alcoholism and how to accept and help the person with the illness. Alateen, for 12-year-olds and older, was founded to fill the special needs of children of alcoholics. Both are listed in the phone book.

Another frustration arises among families of alcoholics when the alcoholic readily agrees to treatment. The person is remorseful, cooperative and does everything asked; then, when "cured," promptly starts to drink again.

While it does not fit all alcoholics, many admit among themselves that they learn to become "great con artists." Wanting a cure is not their goal. They submit to help only to prove they qualify for dismissal so they can get back to drinking. Fortunately, treatment centers are well acquainted with the tactic and, in many cases, the alcoholic ends up cured in spite of his hidden intentions.

If the victim is employed, help is sometimes available through his or her company. As early as 1940, companies began to offer alcoholism programs to their employees. Today there are nearly 2,400 private organizations—company and union—extending help to employees and members who have drinking problems.

In a survey of "Fortune 500" companies, more than 70 per cent of executives whose companies had rehabilitation programs said the firms had saved money because of them. Costs of company programs vary, but are considered an economy when contrasted to the 25 per cent of annual pay that corporations estimate an alcoholic employee can cost in lost productivity.

Over-all, since national attention has been focused on the problem and special needs of alcoholics, both public and private agencies have acted.

The situation is no longer a skeleton in the family closet. It is out in the open, and its solution is a nationwide effort.

**The diagnosed alcoholic and many who are still in hiding are all sick. It is an illness because the condition can be progressive and it can be terminal, although treatment can be successful in nearly three-fourths of the cases that get help.**







Eyes are affected, requiring more time to adjust to brightness. A drinking driver might not be able to filter out the glare of oncoming headlights and will have to "steer blind" for several hundred extra feet. At the same time, eyes are less sensitive to brilliant colors, such as red. When a traffic light turns red, the drinking driver might need more time than usual for the brain to send the message to put on the brakes.



## Treatment

Physicians and other experts agree that there is no one kind of cure for alcoholism that will work successfully for everyone. But experience proves that 75 per cent of all alcoholics can be cured.

At times, psychiatric help is needed. Often, drugs that counteract the desire for alcohol are successful. Sometimes the solution is a halfway house.

Male and female alcoholics are sometimes treated together. But in some cases, separating the sexes is beneficial, especially to women. A few halfway houses are now operating exclusively for women. Nearly all female alcoholics share an unusually low self-image and some have an overwhelming sense of sexual inadequacy. Placing them in treatment situations with men might compound the problem.

Alcoholics Anonymous (AA) and Women for Sobriety (WFS) are non-medical organizations achieving notable success. Their uniqueness is that their members not only concentrate on helping themselves, but also help each other reach understanding. The organizations are beneficial to problem drinkers who are convinced that only "someone who has been there" can really understand "my problem."

The methods used by AA are "tools" designed to help the drinker not only achieve sobriety but recover self-respect along the way. Every debt owed by the member must be paid, including secret thievery such as expense account padding. Every apology owed must be given unless it would cause hurt to the innocent.

"Tomorrow never comes" and "Live and let live" are among AA slogans to live by. A growing sense of humility is one of the goals.

Members of Women for Sobriety believe that humility might be self-defeating for female drinkers, whose self-esteem has already been damaged.

Founded by Dr. Jean Kirkpatrick who reached sobriety after 27 years as an alcoholic, WFS stresses a conscious effort to regain love of self and assertiveness. Like AA, Women

for Sobriety stands for total abstinence, but sobriety is not a condition of membership. However, sobriety is the ultimate goal. WFS steps include happiness as a goal, enthusiasm as the way to live and acceptance of the concept that all love given returns twofold.

Dr. Kirkpatrick writes in her book, "Turnabout:"

"Women have a much greater struggle in recovering from alcoholism. It takes them a longer period of time and more therapy, yet they have the least amount of help available. However, when women do manage recovery, they stay recovered for longer periods of time. There is a lower rate of relapse than among men, perhaps because women remember how far they can slip back."

If organization membership—organized treatment—seems to appeal to the drinker, when should he or she join? Both AA and WFS agree: the sooner the better. A person does not need to be an alcoholic to benefit from membership.

Both organizations agree on another point: when a member attains sobriety, he or she must admit that to drink again would be unwise, perhaps tragic. The true alcoholic knows that an "indefinable something" might take over the controls and the risk is too great.

No AA member will ever say, "I am a recovering alcoholic," although he or she might have stayed sober for years. Recognizing the constant high risk, he or she will instead announce: "I am an alcoholic."

Experience proves that 75 per cent of all alcoholics can be cured.

"Women have a much greater struggle in recovering from alcoholism. It takes them a longer period of time and more therapy, yet they have the least amount of help available. However, when women do manage recovery, they stay recovered for longer periods of time. There is a lower rate of relapse than among men, perhaps because women remember how far they can slip back."





# Conclusion: what it all means to you

What is safe drinking?  
Is there such a thing?  
There is no generally  
applicable rule to tell anyone  
how much alcohol is "safe."  
More is  
known about

alcoholism and drinking problems now than in all of human history. What still remains unknown, however, is the real challenge.

Only recently, for example, has it been learned that unborn babies can be the innocent victims of alcoholism, often entering the world with deformed limbs, undersized and with mental retardation a possibility. Alcohol in a pregnant woman's blood goes directly to the fetus. When the mother is intoxicated, so is the baby she carries. Both will throw off the temporary intoxication eventually, but it takes the tiny fetal liver twice as long.

The medical profession is not sure whether the fetus is more adversely affected by the amount of alcohol consumed by the mother; the frequency of her drinking; or the month of pregnancy she is in. The best advice is to consult a physician and follow the limits set.

As knowledge about alcohol and alcoholic problems expands, the need for each person to recognize his or her own responsibility comes across more clearly.

Laws, scare tactics, force, moral chastisement—nothing can prevent a drinking problem until drinkers make prevention their personal obligation.

When the one out of 10 slips over the edge into the danger zone of alcoholism, outsiders can help; treatment can help; but final success still rests with the individual.

Sobriety is a must for the alcoholic, but responsibility is the obligation of everyone who drinks.

Down through the ages, drinking has given pleasure and it has given pain. That is perhaps the reason for the survival of the oldest toast known to all drinkers:

"To your good health!"

Ruth L. Stables, Senior Writer  
Public Relations and Advertising Division  
Blue Cross and Blue Shield Associations



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## Sources of additional information or assistance:

**National Institute on Alcohol Abuse and Alcoholism,**  
5600 Fishers Lane, Rockville, Maryland 20857.

**Alcoholics Anonymous, General Service Office, PO Box**  
459 Grand Central Station, New York, New York 10017.

**Women for Sobriety, PO Box 618, Quakertown,**  
Pennsylvania 18951.

**Local alcoholic treatment and counseling agencies (listed in the telephone book) or your own physician, minister, priest or rabbi.**

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